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AUTHOR Manzo, Anthony V.; Duffelmeyer, Fred
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ABSTRACT

A formulated definition of the term dyslexia is proposed in this paper in order to clarify the semantical confusion which exists among both specialists and the general public. Dyslexia is explained as a generic term for severe and puzzling reading disability, found to be both acute (where reading-age lags 25 percent or more below mental age) and chronic (resistant to treatment). Qualifiers are suggested to more precisely define the term. Specific dyslexia should be used where the intention is to indicate that there is no evidence of complications. Compund dyslexia will have primary (bearing on the origins of the problem) or secondary (resulting from the condition) complicating conditions. Etiological qualifiers should be congenital, suggesting genetic origins; psychoneurotic, suggesting origins in emotional reactions or distress; and constitutional, suggesting a disability arising from minimal brain damage, chemical imbalance, or constitutional trauma. A hierarchy of terms to describe lack of reading ability is as follows: sub-optimal, disabled, severely disabled, dyslexic, and alexic--a virtual nonreader. A distinction is made between dyslexia and illiteracy. The questionnaire sent to a number of professional educators asking their judgment on the definition of dyslexia is included. (MKM)

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"Dyslexia": Toward Semantical Clarification

Anthony V. Manzo & Fred Duffelmeyer
University of Missouri - Kansas City
Division of Reading Education

There is considerable, but surmountable, confusion regarding the meaning of the term "dyslexia". Much of current confusion stems from lack of agreement in usage among specialists, and the variety of connotations acquired since its coinage. Proposed is a "definition-formulation" for the term. In a concurrent theme this paper is offered as a model for clarifying other confounding terms, (e.g. hyperactivity, laterality, perceptual dysfunction). Categories of analysis in the model include review of (likely) I Sources of Confusions; II Requirements of the term; III Proposed Definition-Formulation (with appropriate elaborations and special notes); and IV Acceptability of the lexeme among erudite users.

I Sources of Confusion: varied uses & connotations

"Usage" and "connotation" are inseparable in fact. The following analysis attempts such separation, however, in an effort to cull out factors contributing to semantic and conceptual confusion.

Problems of usage arise from the term "dyslexia" being used in mixed contexts with inadequate qualification. Sometimes the word is used as a generic term to suggest a vague form of general reading-learning disability. At other times it is used as a synonym for "reading disability". For the most part, however, "dyslexia" is used as a coded way of indicating three things about a reading disability: it is very severe, we don't know why, and we suspect the reasons are profound. Confusion about the exact meaning of the word in professional circles stems from specialists using it in precise

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but different ways. Popularization of the term in lay magazines, where meanings are sometimes completely distorted, has added to the confusion.

Another class of difficulties inhibiting appropriate usage of the term "dyslexia" is a by-product of two historical conditions. The term originated in medical rather than in educational circles. In medicine, language is directed toward describing a disease, or a condition which has its onset at some point in time, usually as a result of trauma or infection. Thus it was that dyslexia came to be viewed as a subset of aphasia, the "loss or impairment of a mature linguistic endowment" (Critchely, 1964). In contrast, educators and psychologists are most often referring to a language function which may never have been developed, for which Critchely suggests that the term "alogia" be substituted, (and with which we concur).

Abutting the above consideration is a second complication arising from past as well as current usage of the term "dyslexia". A multitude of terms drawn from many different contexts and across many cultures are now encapsulated in the term "dyslexia". No single term can profitably absorb the nuances of meanings collected from an array as disparate as the following: alexia, (Hinshelwood, 1917), legasthenia and word amblyopia (Clairborne, 1906), typolexia (Variot, 1906), analphabetia partialis (Engler, 1917), amnesia visualis verbalis (Witmar, 1907), bradylexia (Claparede, 1916), primary reading retardation (Rabinovitch, 1962), specific developmental dyslexia (Critchely, 1964), specific dyslexia (Klasen, 1972).

Ironically, recent research efforts involving the study of dyslexia have not relieved the semantic confusion. Researchers have tended to use "operational" definitions which are necessarily both restrictive and highly variable, and their research has tended to attach any array of etiological connotations which are speculative, at best.

II Requirements of Term: an adaptable definition

The need is not for a static definition, but rather for a dynamic formulation which satisfies the following criteria:

1) contains a root meaning which is sufficiently clear to be adapted and qualified in combination with appropriate affixes, and/or as a compound word
2) is defined relative to a continuum of similar but contrasting terms
3) is specified in such a way as to facilitate its use in cross communication between clinicians, empiricists, and other interested professionals

III Proposed Definition-Formulation: root definition, connotations, elaborations (qualifiers), notes

The formulation proposed is a device by which the term "dyslexia" may be modified to meet the above stated specifications.

Root definition: dys.lex.ia - (dis lek' sē a) n. (ModL. ‹Gr. dys-, bad + lexis-, word, speech, read) (also known as compound and specific), 1) in general, a generic term for severe and puzzling reading disability; 2) a form of reading disability found to be both acute - (where reading-age lags 25% or more below mental age), and chronic - (resistant to treatment).

Connotations & elaborations: Unless otherwise specified, the term implies an etiology suggestive of constitutional disorganization, and/or genetic abnormality. Dyslexia may be accompanied by primary (bearing on the origins of the problem) and/or secondary (resulting from the condition) complicating symptoms; e.g., neurotic conditions, other learning disturbances; in those cases it may be generically referred to as either primary or secondary "compound dyslexia". Where no such complications are in evidence, it should be referred to as "specific dyslexia".

The term "dyslexia" is best used with appropriate modifiers.

Four classes of modifiers are generally needed:

1) those to express suspected primary etiology
2) those to establish degrees of severity
3) those useful for prevention
4) those detailing characteristics of strength or deficit

Etiological Qualifiers

Congenital-dyslexia	Suggests genetic origins
Psychoneurotic-dyslexia	Origins in emotional reactions or distress
Constitutional-dyslexia	Disability arising from minimal brain damage, chemical imbalance, or some other such constitutional factors ("constitutional" differs from "congenital" in that the former suggests trauma, while the latter implies a predilection toward weakness, or absence of development).

Severity

When a student's progress in reading is sporadic and below that suggested by his mental age, but is on or near grade-level, he may be termed a "sub-optimal" reader. When sub-optimal performance falls below reasonable requirements; i.e., more than 6 months below grade level, he may be properly referred to as a "disabled reader". When a deficiency exceeds 25% or more below mental age, or where extrapolation suggests that after 12 full years of school (excluding kindergarten) the student will have achieved no more than 9th reader level, the term "dyslexia" is appropriate. Finally, where a student has no independent reading level i.e., is a virtual "non-reader", he may be said to be "alexic".

Prevention

If at any reasonable period after routine instruction has begun (8 months minimum) a student shows signs of being deficient in ways which are both "acute" and potentially "chronic", especially where symptoms are accompanied by other negative conditions; e.g., psychomotor/perceptual/behavioral disorders, the student may be called "pre-dyslexic", which suggests that the prognosis for the period marking the end of primary education (3rd grade) is for a very severely disabled, i. e., dyslexic, reader.

Characteristics

A fine point of effective diagnosis includes a detailing of learning or operating characteristics. Boder (1972) has identified three atypical reading-spelling patterns among dyslexic children. These too are proposed for use as compound words to express conceptually clear notions; e.g. dysphonetic-dyslexia.

(1) "dysphonetic" - striking deficit in letter-sound integration and in ability to develop phonetic sense; reads by total word configuration only; commits semantic-substitution errors such as "funny" for "laugh"; spelling is non-phonetic and unintelligible.

(2) dyseidetic - general deficit in visual memory; seeming inability to perceive whole words; compensates by over use of phonetics, even with frequently seen (known) words; spelling is phonetic and intelligible, often with poor configurational representation of the word, as in "mity" for "mighty".

(3) dysphonetic-dyseidetic - having the negative characteristics of one (1) and two (2 with neither of the strengths.

Special notes: The term dyslexiac is offered by most dictionaries as the nominal for a dyslexic person. Without disqualifying this term, the writers recommend the less formidable sounding adjectival form dyslexic to be used most often

in its place.

(7) Neither "dyslexia" nor "alexia" should be used as a synonym for "illiterate". The illiterate may be dyslexic, but the former suggests a social-educational malaise and refers almost exclusively to adults.

(8) The term "pre-dyslexic" is best employed where the desired effect is to dramatize a highly likely impending condition. While use of the term is intented to mobilize efforts in behalf of the child, indiscriminate use can result in a self-fulfilling prophecy.

IV Acceptability (Pending)

Please complete the accompanying questionaire and return to the authors at your earliest convenience. Results will be tallied by March 30th.

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Name_____ Degree Status_____ Profession_____

Kindly indicate your sentiments toward the statements listed below by placing an (x) in the position of your choice.

Scale:
1 - strongly disapprove
2 - disapprove
3 - will accept
4 - approve
5 - strongly approve

	1 strongly disapprove	2 disapprove	3 will accept	4 approve	5 strongly approve
1. General use of the word "dyslexia"(1)					
2. The core meaning: an <u>acute</u> (25% below MA) & <u>chronic</u> (resistant) condition (2)					
3. <u>General</u> connotation of constitutional disorganization, and/or genetic abnormality (3)					
4. Use of the term "compound-dyslexia" where there are accompanying complicating symptons (4)					
5. Use of "specific dyslexia" where the intention is to say "no evidence of complications" (5)					
6. Compound words to express meanings related to specific etiology (6)					
7. The term "sub-optimal" for a student reading below his ability level but still on grade level (7)					
8. The hierarchy "sub-optimal", "disabled", "severely disabled", "dyslexic", "alexic" (8)					
9. The term "alexia" for a virtual non-reader (9)					
10. The preventative term "pre-dyslexia" for a strong disposition toward the condition.(10)					
11. The distinction between "dyslexia" and "illiteracy" (11)					

	1 strongly disapprove	2 disapprove	3 will accept	4 approve	5 strongly approve
12. Expression of learning or operating characteristics with terms such as "dysphonetic -", and "dyseidetic-dyslexia". (12)					
13. Phrasing a definition so that it may be used by both clinicians and empiricists (13)					
14. The overall model employed for clarification of the term dyslexia (14)					
15. Personal willingness to conduct research of this type (define confounding words and survey for acceptability) (15)					
16. Willingness to continue to participate in such work by periodically completing questionaires of this type. (16)					

Comments/Suggestions: (May we quote you? Yes_____ No_____

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*return to Manzo & Duffelmeyer/Edu-University of Missouri - Kansas City/Mo. 64110